

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	B.H	60245	5-20-98
O.I.P.E. CLASSIFIER		5	5-28-98
FORMALITY REVIEW	MT	66548	6/8/98

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date		
Final	1	10	5
Original	20	9	20
1	01	01	05
2	✓	✓	
3	✓		
4	✓		
5	✓		
6	✓		
7	✓		
8	✓	✓	
9	0	0	22
10	0	0	22
11	✓	✓	
12	✓		
13	✓		
14	✓		
15	✓		
16	✓		
17	0	0	22
18	0	0	22
19	✓	✓	
20	✓	✓	
21	✓	✓	
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24	✓	✓	
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26	✓	✓	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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